## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/588847

FILING DATE

O-875) APPLICAT

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| • •          | AS FILED       |                       | AFTER 1"AMENDMENT |             | AFTER  2 MAMENDMENT |             | CLAIM |   |
|              | IND.           | DEP.                  | IND.              | DEP.        | IND.                | DEP.        |       |   |
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| MP            |                |  |            |               |                                       | <u>.</u>    |  |
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| CLAIMS        |                |  |            |               |                                       |             |  |
|               | U.S            | . DEPARTM                                    | ENT of COM | MERCE         |                                       |             |  |

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